

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.1  
**DATE:** November 16, 2011

**ACTION REQUESTED:** Certified Nurse-Midwife Advisories

**REQUESTED BY:** Judy L. Corless, RN, BSN  
Chair, Practice Committee

**BACKGROUND:**

Certified Nurse-Midwife advisories are available at [www.rn.ca.gov](http://www.rn.ca.gov). When using the BRN home page, locate the cursor on the left hand side of the page, titled "Practice Information". Then locate the cursor over "certified nurse-midwife" for listing advisories.

The liaison to the Practice Committee has been assisted with the nurse-midwifery advisories by California Nurse-Midwives Association leadership team. Kim Q, Dau CNM, RN Health Policy Committee co-chair. Other leadership team members are CNMA leadership include Melanie Austin CNM, RN, CNMA Policy Committee co-chair; BJ Snell PhD, RN CNM; Maria Kammerer CNM, RN CNMA president-elect; Monica Viera RN, WHCNP, CNM, MSN CNMA President.

Legal has opportunity to review the Certified Nurse-Wives advisories and provide change as determined. The below certified nurse-midwives are now available for the practice committee review.

With board approval the following advisories will be posted to the BRN website.

Certified Nurse-Midwives advisories

- General Information: Nurse Midwife Practice
- Certified Nurse-Midwife Practice: Explanation of Standardized Procedures for CNM

**NEXT STEP:** Board Approval

**FISCAL IMPLICATION, IF ANY:** None

**PERSON TO CONTACT:** Janette Wackerly, MBA, RN  
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## GENERAL INFORMATION: NURSE-MIDWIFE PRACTICE

### Definition of a Certified Nurse-Midwife

A certified nurse-midwife (CNM) is a registered nurse who is a graduate of a Board-approved nurse-midwifery program and who possesses evidence of certification issued by the California Board of Registered Nursing. A certified nurse-midwife may be known as an Advanced Practice Registered Nurse in accordance with Business and Professions Code Section 2725.5. Nurse-midwifery practice as conducted by CNMs is the independent, comprehensive management of women's health care in a variety of settings focusing particularly on pregnancy, childbirth, the postpartum period. It also includes care of the newborn, and the family planning and gynecological needs of women throughout the life cycle.

### Primary Health Care

Certified nurse-midwives (CNMs) are providers of primary health care for women and newborns. Primary care by CNMs incorporates all of the essential factors of primary care and case management that includes evaluation, assessment, treatment and referral as required. CNMs are often the initial contact for the provision of integrated, accessible health care services to women, and they provide such care on a continuous and comprehensive basis by establishing a plan of management with the woman for her ongoing health care.

### Legal Authority of Nurse-Midwifery Certificate and CNM Scope of Practice:

The nurse-midwifery certificate authorizes the CNM to provide prenatal, intrapartum, and postpartum care, including interconception care and family planning. The nurse-midwifery certificate also authorizes the CNM to attend cases of normal childbirth on his or her own responsibility, as well as immediate care for the newborn (BP Code 2746.5 (a), CCR § 1463(a)(b)). CNM care includes preventative measures and the detection of abnormal conditions in mother and child (CCR § 1463(a)). CNMs cannot assist childbirth by any artificial, forcible, or mechanical means, or performance of any version (BP Code 2746.5 (b)).

The Legislature granted the CNM an independent scope of practice. CNMs practice in collaboration and consultation with physicians as indicated (CCR § 1463(c)). The degree of collaboration in this team approach depends upon the medical needs of the individual woman or infant and the practice setting. All complications shall be referred to a physician immediately (BP Code 2746.5 (b)) and the CNM provides emergency care until physician assistance can be obtained (CCR § 1463(d)). By law, nurse-midwifery care requires the supervision of a licensed physician and surgeon, but supervision does not require physical presence of the physician (BP Code 2746.5 (c)). CNMs are not authorized to practice medicine and surgery (BP Code 2746.5 (d)). For practices and procedures that overlap the practice of nurse-midwifery into medicine, standardized procedures must be developed and approved by the three entities of the CNM, physician and practice setting administration (CCR § 1463(e)).

### Episiotomies

The certificate to practice nurse-midwifery authorizes the holder to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum in a licensed acute care hospital and licensed alternate birth center. Performance of episiotomy requires a protocol related to

the performance and repair of episiotomies and the repair of first-degree and second-degree lacerations of the perineum (Business and Professions Code 2746.52).

### **Treating STDs**

Amended into Section 120582 of the Health and Safety Code effective January 1, 2007:

A certified nurse-midwife may dispense, furnish, or otherwise provide a prescription antibiotic drug to the sexual partner or partners of a patient with sexually transmitted chlamydia, gonorrhea, or other sexually transmitted infection without examination of the patient's partners. (AB 2280 Leno stat 2006) (AB 648 Ortiz stats 2001, ch835)

### **Regulation of Nurse-Midwifery Authority:**

*Any regulation promulgated by a state department that affects the scope of practice of a certified nurse-midwife shall be developed in consultation with the Board of Registered Nursing. (Business and Professions Code 2746.5 (e))*

### **Furnishing drugs and devices:**

BP Code 2746.51 authorizes a certified nurse-midwife to obtain and utilize a "furnishing number" from the Board of Registered Nursing. "Furnishing" is the ordering of a drug or device in accordance with standardized procedure or protocol and transmitting of an order of a supervising physician and surgeon (BP Code 2746.51 (d)). The drugs or devices are furnished or ordered incidentally to the provision of any of family planning services, routine health care or perinatal care, or care rendered, consistent with the certified nurse-midwife's educational preparation or for which clinical competency has been established and maintained, to persons within various specific facilities: clinics, a general acute care hospital, a licensed birth center, or a special hospital specified as a maternity hospital. (BP Code 2746.51 (a)(1))

The drugs or devices are furnished or ordered by a certified nurse-midwife in accordance with standardized procedures or protocols (BP Code 2746.51 (a)(2)) and under physician and surgeon supervision. Supervision requires collaborative development and approval of standardized procedure or protocol by physician and surgeon, and telephonic availability but not the physical presence of the physician ((BP Code 2746.51 (a)(4)). Prior to receiving a furnishing number, the BRN will certify that the CNM has satisfactorily completed at least six months of physician and surgeon supervised experience in the furnishing or ordering of drugs and devices and a course in pharmacology covering the drugs or devices to be furnished or ordered (BP Code 2746.51 (b)(2)). The furnishing number should be included on all transmittals of orders for drugs or devices by the CNM (BP Code 2746.51 (b)(1)).

### **Furnishing Controlled Substances:**

Drugs or devices furnished or ordered by a certified nurse-midwife may include Schedule II or III controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) ((BP Code 2746.51 (a)&(c)). Every certified nurse-midwife who is authorized to furnish or issue a drug order for a controlled substance is required to register with the United States Drug Enforcement Administration (BP Code 2746.51 (b)(1)). If furnishing or ordering Schedule II or III controlled substances, the certified nurse-midwife needs to do so in accordance with patient-specific protocols approved by the treating or supervising physician and surgeon. For Schedule II controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is to be furnished (BP Code 2746.51 (a)(3)).

The CNM with an active furnishing number, who is authorized by standardized procedure or protocols to furnish, must submit to the BRN an approved course that includes Schedule II Controlled Substances content as a part of the CNM educational program or a continuing education course with required content on Schedule II Controlled substance. The proof of a Schedule II course received by

the BRN will be noticed on the board's website, [www.rn.ca.gov](http://www.rn.ca.gov), in the verification section (BP Code 2746.51 (b)(4)).

A copy of the standardized procedure or protocol relating to the furnishing or ordering of controlled substances by a certified nurse-midwife shall be provided upon request to any licensed pharmacist who is uncertain of the authority of the certified nurse midwife to perform these functions (BP Code 2746.51 (b)(3)).

### **Dispensing**

Business and Professions Code Section 2725.1 allows registered nurses to dispense (hand to a patient) medications, except controlled substances, upon the valid order of a physician in primary, community, and free clinics.

Business and Professions Code Section 2725.1 was amended to extend to the furnishing certified nurse-midwives authority to dispense drugs including controlled substances, schedule II, III, IV, and V, pursuant to a standardized procedure or protocol in primary, community, and free clinics. (AB1545 (Correa) stats 1999 ch 914).

### **Request and Receipt of Pharmaceutical Samples and Devices:**

Certified nurse-midwives authorized to furnish are also authorized to sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their furnishing standardized procedure or protocols that have been approved in the standardized procedure (SB 1558 Figueroa stats 2002 ch. 263 amends BP Code Section 4061 of the Pharmacy law).

### **Signing Birth Certificates:**

According to California Health and Safety Code 102405 et seq., CNMs may sign birth certificates.

### **Veteran's with Disabilities Parking Placards:**

Section 5007, 9105, 22511.55 of the Vehicle Code is amended to include nurse practitioners, nurse midwives, and physician assistants as authorized health care professions that can sign the certificate substantiating the applicant's disability for the placard. (AB 2120 Correa stats 2007 ch. 116)

Department of Motor Vehicles is authorized to issue placards to persons with disabilities and veterans with disabilities and temporary distinguishing placards to temporary disabled persons, to be used for parking purposes. Prior to issuing the parking placard or temporary placard, the Department of Motor Vehicles requires submission of a certificate, signed by an authorized health care professional providing a full description substantiating the applicant's disability, unless the disability is readily observable and uncontested. Under law, the authorized health care professional that signs the certificate is required to retain the information sufficient to substantiate the certificate, and make the information available to certain entities request of the department.

### **Informing patient of Positive and Negative aspects of Blood Transfusions:**

Section 1645 of the Health and Safety Code is amended to authorize the nurse practitioner and the nurse-midwife who is authorized to give blood may now provide the patient with information by means of a standardized written summary that is published by the State Department of Public Health about the positive and negative aspects of receiving autologous blood and direct and nondirected homologous blood from volunteers.

### **Supervision of Medical Assistants by CNM:**

A supervising physician and surgeon at the community clinic or free clinic as licensed pursuant to Health and Safety Code 1204 may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife or physician assistant provide written instructions to be followed by a medical assistant

in the performance of tasks or supportive services. The written instructions may provide that a supervisory function of the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant and that tasks may be performed when the supervising physician and surgeon are not on site. This delegation to the nurse practitioner or nurse-midwife is limited to those licensed clinics under Health and Safety 1204. (Business and Professions Code 2069 (a) (1) and Health and Safety Code 1204) (SB 111, Chapter 358 (Alpert))  
Medical Board of California link for Medical Assistant:  
[http://www.mbc.ca.gov/allied/medical assistant.training.html](http://www.mbc.ca.gov/allied/medical%20assistant.training.html)

### **Medical Examination of School Bus Drivers:**

According to Vehicle Code Section 12517.2 (a), applicants for an original or renewal certificate to drive a school bus, school pupil activity bus, youth bus, general public paratransit vehicle, or farm labor vehicle must submit a report of medical examination by a physician licensed to practice medicine, a licensed advanced practice nurse qualified to perform a medical examination, or a physician assistant. (AB139 Bass stats 2007, ch 158)

### **Citation and Fine:**

CNMs as RNs are subject to citation and fine for violations of the Nursing Practice Act (NPA). The Executive Officer, in lieu of filing an accusation against a CNM, may issue a citation that may contain an administrative fine and/or order of abatement against a CNM for any violation of law or an adopted regulation which would be grounds for discipline. The violation would not be of a severity that revocation or restriction of the RN license is necessary. An example of a violation would be using the title CNM without BRN certification. (California Code of Regulation Section 1435.2)

### **References:**

NPA, Business and Professions Code Sections §2746-2746.8  
California Code of Regulation Section §1460-1466



## **CERTIFIED NURSE-MIDWIFE PRACTICE**

# **DRAFT**

### **Explanation of Standardized Procedure for CNM**

This paper describes requirements for Certified Nurse-Midwives (CNMs) to legally perform functions that are considered the practice of medicine through the mechanism of standardized procedures.

Standardized Procedures are authorized in the Business and Professions Code, Nursing Practice Act (NPA) Section 2725 and further clarified in California Code of Regulations (CCR 1474). Standardized Procedures are the legal mechanism for registered nurses, and thus authorize CNMs to perform functions that would otherwise be considered the practice of medicine. Standardized Procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized.

Organized health care system means a health facility that is not licensed pursuant to Chapter 2 of the California Health and Safety Code and includes clinics, home health agencies, physician's offices and public or community health services. Standardized Procedures means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

#### **Certified Nurse-Midwife Scope of Practice**

##### **California Code of Regulation: § Section 1463**

The scope of nurse-midwifery practice:

- (a) Provides necessary supervision, care, and advice in a variety of settings including women during the antepartal, intrapartal, postpartal, interconceptional periods, and with family planning needs.
- (b) Conducting deliveries on his or her own responsibilities and caring for the newborn and the infant. This care includes preventive measures and the detection of abnormal conditions in the mother and child.
- (c) Obtaining physician assistance and consultation when indicated.
- (d) Providing emergency care until physician assistance can be obtained.
- (e) Other practices and procedures may be included which the nurse-midwife and the supervising physician deem appropriate by using the standardized procedures as specified in Section 2725 of the Code.

#### **Medical Practice Act**

Business and Professions Code a Medical Practice Act authorizes physicians to diagnose mental and physical conditions, to use drugs in or upon human beings, to sever or penetrate the tissues of human beings and to use other methods in the treatment of diseases, injuries, deformities, or other physical or mental conditions. As a general guide, the performance of any of these by a CNM requires a standardized procedure.

## CNMs Performing Medical Functions

The means designated to authorize performance of a medical function by a registered nurse is a standardized procedure developed through collaboration among registered nurses, physicians and administrators in the organized health care system in which it is to be used. In facilities regulated by Title 22, the CNM performing the standardized procedures must be approved through the Interdisciplinary Practice Committee before the CNM is authorized to legally perform these functions. When the CNM overlaps into the practice of medicine, a standardized procedure must be adhered to. The following is a brief explanation of each of the functions.

- **Medical Diagnosis**

The Legislature, in granting the CNM a scope of practice, recognized that nurse-midwifery practice is the independent management "of women during the antepartal, intrapartal, postpartal, interconceptional periods," including family planning needs, and caring for the newborn and the infant. When CNMs diagnose conditions unrelated to CNM scope of practice, a standardized procedure is required.

- **Severing and Penetrating tissue**

The NPA clearly states "the practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version." The Board's interpretation of this statute is that CNMs are not to perform vacuum extractions or use any mechanical means during childbirth. When CNMs assist in cesarean surgery, perform circumcision, perform episiotomies, or repair lacerations of the perineum, a standardized procedure is required.

- **Furnishing drugs and devices, including controlled substances**

The drugs and devices furnished or ordered by a certified nurse-midwife must be in accordance with standardized procedures or protocols. If Schedule II or III controlled substances are furnished or ordered by a certified nurse-midwife, the controlled substance shall be furnished or ordered in accordance with patient-specific protocol approved by the treating or supervising physician and surgeon.

## GUIDELINES FOR DEVELOPING STANDARDIZED PROCEDURES

Standardized Procedures are not subject to prior approval by the boards that regulate nursing and medicine; however, they must be developed according to the following guidelines which were jointly promulgated by the Board of Registered Nursing and the Medical Board of California. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) Section 1474; Medical Board of California, Title 16, CCR Section 1379.)

- (a) Standardized Procedures shall include a written description of the method used in developing and approving them and any revision thereof.
- (b) Each standardized procedure shall:
  - (1) Be in writing, dated, and signed by the organized health care system personnel authorized to approve it.
  - (2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.
  - (3) State any specific requirements that are to be followed by registered nurses in performing particular standardized procedure functions.
  - (4) Specify any experience, training and/or educational requirements for performance of standardized procedure functions.
  - (5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

- (6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
- (7) Specify the scope of supervision required for performance of standardized procedure functions. (ie: telephone contact with the physician).
- (8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
- (9) State the limitations on settings, if any, in which standardized procedure functions may be performed.
- (10) Specify patient record keeping requirements.
- (11) Provide for a method of periodic review of the standardized procedures.

An additional safeguard for the consumer is provided by steps four and five of the guidelines that together form a requirement that the CNM be currently capable to perform the procedure. If a CNM undertakes a procedure without the competence to do so, such an act may constitute incompetence and the CNM would be subject to discipline by the Board of Registered Nursing.

## **GUIDELINES FOR DEVELOPING STANDARDIZED PROCEDURES FOR FURNISHING DRUGS OR DEVICES: Business and Professions Code: Nurse-midwives § 2746.51 (2), (3), (4)**

The standardized procedure covering the furnishing or ordering of drugs and devices shall specify all of the following:

- (A) Which certified nurse-midwife nurse midwife may furnish or order drugs and devices.
- (B) Which drugs and devices may be furnished or ordered and under what circumstances.
- (C) The extent of physician and surgeon supervision.
- (D) The method of periodic review of the certified nurse-midwife's competence, including peer review, and review of the provisions of the standardized procedure.

If Schedule II or III controlled substances are furnished or ordered by a certified nurse-midwife, the controlled substance shall be furnished or ordered in accordance with patient-specific protocol approved by the treating or supervising physician and surgeon. For Schedule II controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

The furnishing or ordering of drugs and devices by a certified nurse-midwife occurs under physician and surgeon supervision. For purposes of this section, no physician and surgeon shall supervise more than four certified nurse-midwives at one time. Physician and surgeon supervision shall not be construed to require the physical presence of the physician but does include all of the following:

- (A) Collaboration on the development of the standardized procedures and protocols.
- (B) Approval of the standardized procedure or protocol.
- (C) Available by telephone contact at the time of patient examination by the certified nurse-midwife.

**BOARD OF REGISTERED NURSING**  
**Nursing Practice Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 10.2  
**DATE:** November 16, 2011

**ACTION REQUESTED:** Report on Goals and Objectives 2011

**REQUESTED BY:** Judy L. Corless, RN, BSN  
Chair, Practice Committee

**BACKGROUND:**

Each year the Practice Committee reviews activities contributing to the committee goals and objectives.

Goals and Objectives for the Practice Committee 2012 will be an agenda item for January 2012.

**NEXT STEP:** Board Approval

**FISCAL IMPLICATION, IF ANY:** None

**PERSON TO CONTACT:** Janette Wackerly, MBA, RN  
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**BOARD OF REGISTERED NURSING  
NURSING PRACTICE COMMITTEE**

**REPORT GOALS AND OBJECTIVES 2011**

**GOAL 1**            **In support of the consumers' right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.**

Objective 1.1      Take an active role in activities conducted by other agencies and organizations related to unlicensed assistive personnel.

**Response to Goal/objective**

The nursing education consultants continue the practice of receiving telephone calls from the BRN call-center and BRN-NEC webmail on a weekly basis. The northern nursing education consultants participate Monday and Tuesday and the southern nursing education consultants participate Wednesday and Thursday. On Friday's nursing education consultants answer BRN-Webmail on a monthly rotating cycle north and south.

The agencies and organizations often inquire whether unlicensed assistive personnel can perform a function related to a technology, such as point of care clinical laboratory testing, glucose testing and monitoring; and or placement of a technology for monitoring a physiological parameter in acute care hospitals. Nursing Practice Act, Section 2725.3 Functions performed by unlicensed personnel. Section 2725.3 prohibits assigning unlicensed personnel to perform nursing functions in lieu of a registered nurse and may not allow unlicensed personnel to perform functions under the direct supervision of a registered nurse that require a substantial amount of scientific knowledge and technical skills. Section 2725.3 lists examples of nursing functions that are prohibited.

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**GOAL 2**            **Promote patient safety as an essential and vital component of quality nursing care.**

Objective 2.1      Engage and dialogue with recognized national experts in supporting patient safety in what individuals and organizations have done and what remains to be done. For example: just culture and root cause analysis, failure mode and effect analysis, human factor and systems factor.

**Response to goal/objective**

Gayle Scarlatte, RN, CNOR a representative of the Operating Room Nursing Council provides a summary of the AORN 2010 Recommended Practice for Retained Surgical Items. Also of interest is "Nothing Left Behind" a National Surgical Patient Safety Project to prevent retained surgical items sponsored by a physician at University California San Francisco.

**Nothing Left Behind** A National Surgical Patient-Safety Project to Prevent Retained Surgical Items, Verna C. Gibbs M.D. Director, Nothing Left Behind, Professor Clinical Surgery UCSF, Staff Surgeon, SFGVAMC.

Objective 2.2 Monitor patient and resident safety activities as a component of quality nursing care such as health care errors, competency, patient outcomes, stakeholders, nursing shortage, ethics, lifelong learning, nursing standards, licensure, safety legislation, magnet hospitals.

**Response: goal/objective**

Executive Officer and Practice Committee liaison participate with Residency Program Task Force, Transition to Practice coordinated by California Hospital Association and participating stake holders such as ACNL, CINHC, academic educators, acute care hospital nursing representatives. This effort is part of implementation the Institute of Medicine's Recommendation from the Initiative on the Future of Nursing (IFN); and RAC-Campaign for Action Planning.

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**GOAL 3**      **Develop and implement processes for the Board to interact with stakeholders to identify current trends and issues in nursing practice and the health care delivery system.**

Objective 3.1      Actively participate with other public and private organizations and agencies involved with health care to identify common issues and to promote RN scope of practice consistent with the Nursing Practice Act and ensuring consumer safety.

**Response: goal/objective**

The Board commissioned the University of California, San Francisco Center for the Health Professions to complete a study of 282 California RNs who had either began or extended probation in 2004 and 2005. The study researched the characteristics of these nurses, the outcomes of their probation and explores and evaluates what factors might affect outcomes of remediation, including the likelihood of recidivism. This study was modeled after one conducted by the National Council of State Boards of Nursing (NCSBN) and published in 2009 in the American Journal of Nursing. A 29-item data extraction template was used to obtain data on the characteristics of the disciplined nurses, their employment setting, board actions, and remediation outcomes

Joanne Spetz, PhD, UCSF provided a summary presentation to the board on February 2, 2011 California RN's on the probation survey study 2004-2005.

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**GOAL 4**      **Identify and implement strategies to impact identified trends and issues.**

Objective 4.3      Review and revise current BRN advisory statements and recommend new advisory statements as needed to clarify standards of nursing practice.

**Response: goal/objective**

The following registered nurse advisories have been reviewed and approved by the Board.

- Abandonment of Patients
- An Explanation of the Scope of RN Practice including Standardized procedures
- Complementary and Alternative Therapies
- Nursing Student Workers
- RN Tele-Nursing and Telephone Triage
- Reproductive Privacy Act
- Standardized Procedure Guidelines
- Standards of Competent Performance
- The RN as the First Assistant to the Surgeon
- Clinical Learning Experiences Nursing Students
- Dual Licensure

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**GOAL 5      Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.**

Objective 5.1      Support and promote full utilization of advanced practice nurses.

**Response goal/objective**

Future of Nurse Practitioners, National and State Perspective: Impact on Practice, Education & Licensure, Saturday September 17, 2011 at Ronald Reagan UCLA Medical Center. Janette Wackerly MBA, RN SNEC speaker "Nursing Practice Act: Nurse Practitioner Practice". 150 nurses attended the program.

**Response goal/objective**

The BRN Commissioned the University of California San Francisco, Joanne Spetz PhD, and other research staff at the Center for the Health Professions to complete a survey of Californian Nurse Practitioners, Certified Nurse-Midwives and Clinical Nurse Specialists. The purpose of the survey was to learn information about demographics, education, employment, practice, and standardized procedure use from these advanced practice nurses.

Joanne Spetz, PhD from UCSF provided a presentation of some of the highlights of the survey data for NP, CNM, and CNS at the June 15, 2011 Board meeting.

Objective 5.2 Monitor trends and growing opportunities for advanced practice nursing in areas of health promotion, prevention and managing patients through the continuum of care.

**Response goal/objective**

The following Nurse Practitioner advisories have been reviewed and approved by the Board.

- General Information: Nurse Practitioner Practice
- Nurse Practitioner in Long Term Care Settings
- Clinic's Eligible for Licensure
- Frequently Asked Questions about Nurse Practitioner Practice
- Medi-Cal Billing: Certified Nurse Practitioner, Nationally Certified in a Specialty
- Nurse Practitioner Schedule II Controlled Substance Education Requirement Prior to Applying to the DEA for Schedule II Authority

The following Certified Nurse-Midwives advisories have been reviewed and approved by the Board.

- Nurse Midwives: Laws and Regulations
- Nurse Midwifery Practice under Standardized Procedures
- Criteria for Furnishing Number Utilization by Certified Nurse Midwives.

The following Certified Nurse-Midwives advisories are being reviewed by Practice Committee October 12, 2011.

- General Information: Nurse-Midwife Practice
- Certified Nurse-Midwife Practice: Explanation of Standardized Procedures for CNM.

Objective 5.3 Actively participate with organizations and agencies focusing on advanced practice nursing.

**Response goal/objective**

Liaison to the Practice Committee is in frequent dialogue with the leadership of the California Association of Nurse Practitioners and California Association of Nurse-Midwives. These two advanced practice organizations provide expert opinion on matters related to their practice specialty. NP and CNM groups have provided input to the advisories before the Practice Committee and Board.

Objective 5.4 In collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice educational program directors, professional organizations, state agencies and other groups.

**Response: goal/objective**

Louise Bailey EO BRN, Kathrine Ware board member and Janette Wackerly SNEC attended Campaign for APRN Consensus, 2011 NCSBN, Promoting Uniformity and Fostering Collaboration, January 12-13, 2011, San Diego California.

COADN Spring Statewide Conference, Creating Our Future (Nursing Education) March 3-4, 2011 San Diego attended by nursing education consultants. Nursing Education Consultants are responsible for nursing programs in the state continue to meet educational requirements as outlined in the Nursing Practice Act; nursing directors and deans of colleges throughout California.

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**BOARD OF REGISTERED NURSING  
NURSING PRACTICE COMMITTEE**

**2010/2011 GOALS AND OBJECTIVES**

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<b>GOAL 1</b>	<b>In support of the consumers' right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.</b>
Objective 1.1	Take an active role in activities conducted by other agencies and organizations related to unlicensed assistive personnel.

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<b>GOAL 2</b>	<b>Promote patient safety as an essential and vital component of quality nursing care.</b>
Objective 2.1	Engage and dialogue with recognized national experts in supporting patient safety in what individuals and organizations have done and what remains to be done. For example, just culture and root cause analysis, failure mode and effect analysis, human factor and systems factor.
Objective 2.2	Monitor patient and resident safety activities as a component of quality nursing care such as health care errors, competency, patient outcomes, stakeholders, nursing shortage, ethics, lifelong learning, nursing standards, licensure, safety legislation, and magnet hospitals.

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<b>GOAL 3</b>	<b>Develop and implement processes for the Board to interact with stakeholders to identify current trends and issues in nursing practice and the health care delivery system.</b>
Objective 3.1	Actively participate with other public and private organizations and agencies involved with health care to identify common issues and to promote RN scope of practice consistent with the Nursing Practice Act and ensuring consumer safety.

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<b>GOAL 4</b>	<b>Identify and implement strategies to impact identified trends and issues.</b>
Objective 4.1	Provide timely written and/or verbal input on proposed regulations related to health care policies affecting nursing care.
Objective 4.2	Collaborate with the Education/Licensing Committee on educational issues/trends and the Legislative Committee on legislation pertaining to nursing practice.
Objective 4.3	Review and revise current BRN advisory statements and recommend new advisory statements as needed to clarify standards of nursing practice.

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<b>GOAL 5</b>	<b>Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.</b>
Objective 5.1	Support and promote full utilization of advanced practice nurses.
Objective 5.2	Monitor trends and growing opportunities for advanced practice nursing in areas of health promotion, prevention, and managing patients through the continuum of care.
Objective 5.3	Actively participate with organizations and agencies focusing on advanced practice nursing.
Objective 5.4	In collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice educational program directors, professional organizations, state agencies and other groups.

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